- PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

9-328975

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|--|---|---|---------------------------------------|--------------------------------------|-------------|------------------|----------|---------------------|------------------------|------|-------------------------------|------------------------|
| TOTAL CLAIMS | | | | | | | | RATE | FEE | 7 | RATE | FEE |
| FOR | | | NUMBER FILED | | NUM | BER EXTRA | | BASIC FEI | - | OR | | |
| TO | OTAL CHARGE | ABLE CLAIMS | minus 20= | | * | | | X\$ 9= | | OR | X\$18= | |
| INI | DEPENDENT C | LAIMS | minus 3 = | | * | <u>.</u> | | X43= | 1 | OR | X86= | |
| М | JLTIPLE DEPE | NDENT CLAIM F | RESENT | | | | | +145= | | OR | +290= | |
| | | e in column 1 is | less than z | ero, enter | "0" in | column 2 | ı | TOTAL | | OR | TOTAL | |
| _ | M. T. CLAIMS AS AMENDED - PART II 1/9/4 (Column 1) (Column 2) (Column 3) | | | | | | <u> </u> | SMALL | ENTITY | OR | OTHER SMALL | |
| AMENDMENT | 12/11/3 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MON | Total | . 12 | Minus | ** 3 | 0 | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * 3 ENTATION OF MI | Minus | *** | CLAIM | | | X43= | | OR | X86= | |
| | TINOT FILES | INTATION OF IM | | PENDENT | CLATIVI | | ۱ [| +145= | | OR | +290= | |
| | | | | | | | L | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| ÷ , | | (Column 1) | · · · · · · · · · · · · · · · · · · · | (Colum | | (Column 3) | 1 | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOI PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | CL AIM | = | | X43= | _ | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ' [| +145= | | OR | +290= | |
| | | | | | | | Al | TOTAL DDIT. FEE | | OR A | TOTAL DDIT, FEE | |
| | | (Column 1) | | (Colum | | (Column 3) | , | • | • | | | |
| ENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID FI | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = . | ſ | X\$ 9= | | OR | X\$18= | |
| AME | Independent | | Minus | *** | | = - | | X43≃ | | OR | X86= | |
| | FIRST PRESE | NTATION OF MU | LTIPLE DEP | ENDENT | CLAIM | | | +145= | | OR | +290= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |